

**Washington State
Health Care Authority**

Dental RVU Cookbook

**Community Health Services
Dental Program**

March, 2005

CODE DEFINITIONS FOR RVU PROCEDURE LIST

Diagnostic:

Clinical Oral Evaluations

The codes in this section have been revised to recognize the cognitive skills necessary for patient evaluation

D0120: Periodic Oral Evaluation –

An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes periodontal screening and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. (RVU = 1.5)

D0140: Limited Oral Evaluation - problem focused –

An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.

Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infection, etc. (RVU = 0.5)

D0150: Comprehensive Oral Evaluation – new or established patient

Typically used by a general dentist and/or specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately.

This would include the evaluation and recording of the patient's dental and medical history and a general assessment. It may typically include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, Occlusal relationships, periodontal conditions (including periodontal charting), hard and soft tissue anomalies, oral cancer screenings, etc. (RVU = 3.0)

D0180: Comprehensive Periodontal Evaluation – new or established patient.

This procedure is indicated for patients showing signs or symptoms of periodontal disease. It includes evaluation of periodontal condition, probing and charting, evaluation and recording of the patient's dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer screening.

Radiographs (including interpretation)

D0210: Intraoral – complete series (including bitewings) –

A radiograph survey of the teeth and supporting structures necessary for accurate diagnosis. A complete series consist of 14-20 periapical films, including two of four bitewings are included in the complete series. (RVU = 1.5)

D0220: Intraoral – periapical first film - (RVU = 0.2)

D0230: Intraoral - periapical each additional film. (RVU = 0.2)

D0272: Bitewings - two films. (RVU = 0.4)

D0274: Bitewings - four films. (RVU = 0.8)

D0330: Panoramic film –

Radiograph made with panoramic x-ray equipment, which presents all oral structures on one film. (RVU = 1.0)

Preventive:

D1110: Prophylaxis – Adult

Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors. (RVU = 3.0)

D1120: Prophylaxis – Child

Removal of plaque, calculus, and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors. (RVU = 2.0)

Topical Fluoride Application –

Prescription strength fluoride product designed solely for use in the dental office, delivered to the dentition under the direct supervision of a dental professional.

D1203: Topical Application of Fluoride - child (excluding prophylaxis).
(RVU = 0.5)

D1204: Topical Application of Fluoride - adult (excluding prophylaxis)
(RVU = 0.5)

D1330: Oral Hygiene Instructions –
This may include instructions for home care. Examples include tooth brushing technique, flossing, and use of special oral hygiene aids. (RVU = 0.5)

D1351: Sealant - per tooth.
Mechanically and/or chemically prepared enamel surface sealed to prevent decay. (RVU = 0.5)

Space Maintenance

D1510: Space maintenance – fixed - unilateral (RVU = 3.0)

D1515: Space maintainer – fixed – bilateral (RVU = 4.5)

D1550: Re-cementation of Space Maintainer (RVU = 1.0)

Restorative:

Amalgam Restorations (including polishing) –

Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used, they should be reported separately. Local anesthesia is usually considered to be part of the Restorative procedures.

D2140: Amalgam - one surface, primary or permanent (RVU = 1.5)

D2150: Amalgam - two surfaces, primary or permanent (RVU = 2.0)

D2160: Amalgam - three surfaces, primary or permanent (RVU = 3.0)

D2161: Amalgam – four surfaces, primary or permanent (RVU = 4.0)

D2330: Resin-based composite – one surface, anterior (RVU = 2.0)

D2331: Resin-based composite - two surfaces, anterior (RVU = 2.5)

D2332: Resin-based composite – three surfaces, anterior (RVU = 3.5)

D2335: Resin-based composite – four or more surfaces or involving incisal angle (anterior).

Incisal angle to be defined as one of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth.
(RVU = 5.0)

D2930: Prefabricated stainless steel crown -primary tooth (RVU = 3.0)

D2931: Prefabricated stainless steel crown – permanent tooth (RVU = 4.0)

D2932: Prefabricated resin crown - (RVU = 4.0)

D2940: Sedative fillings –

Temporary restoration intended to relieve pain. Not to be used as a base or liner under a restoration. (RVU = 0.5)

D2954: Prefabricated post and core in addition to crown –

Core is built around a prefabricated post. This procedure includes the core material. (RVU = 3.0)

Endodontic Procedures: Local anesthesia is usually considered to be part of Endodontic procedures.

D3110: Pulp cap - direct (excluding final restoration)

Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair. (RVU = 0.2)

D3310: Anterior (excluding final restoration) - root canal therapy.
(RVU = 9.0)

D3320: Bicuspid (excluding final restoration) (RVU = 12.0)

D3330: Molar (excluding final restoration) (RVU = 18.0)

Periodontics - Local anesthesia is usually considered to be part of Periodontal procedures.

D4210: Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant –

Involves the excision of the soft tissue wall of the periodontal pocket by either an external or an internal bevel. It is performed to eliminate suprabony pockets after adequate initial preparation, to allow access for restorative dentistry in the presence of suprabony pockets, and to restore normal architecture when gingival enlargements or asymmetrical or unesthetic topography is evident with normal bony configuration.
(RVU = 1.0 per tooth)

D4240: Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant –

A soft tissue flap is reflected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, Widman surgery, and modified Widman surgery. This procedure is preformed in the presence of moderate to deep probing depths, loss of attachment; need to maintain esthetics, need for increased access to the root surface and alveolar bone, and to determine the presence of a cracked tooth, fractured root, or external root absorption. (RVU = 2.0 per tooth)

D4260: Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant –

This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form. This may include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). (RVU = 2.0 per tooth)

D4341: Periodontal scaling and root planing – four or more teeth per quadrant –

This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others. (RVU = 3.0 per quadrant)

D4355: Full mouth debridement to enable comprehensive evaluation and diagnosis –

The gross removal of plaque and calculus that interferes with the ability of the dentist to perform a comprehensive oral evaluation. This preliminary procedure does not preclude the need for additional procedures. (RVU = 5.0)

D4910: Periodontal maintenance –

This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation by the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal

disease appears, additional diagnostic and treatment procedures must be considered. (RVU = 3.0)

Prosthodontics (removable) - Local anesthesia is usually considered to be part of Removable Prosthodontic.

D5110: Complete Denture – (including routine post-delivery care) maxillary
(RVU = 15.0)

D5120: Complete Denture – mandibular (RVU = 15.0)

D5130: Immediate Denture – maxillary (RVU = 15.0)

D5140: Immediate Denture – mandibular (RVU = 15.0)

D5211: Maxillary partial denture –
Includes acrylic base dentures with resin or wrought wire clasps.
(RVU = 12.0)

D5212: Mandibular partial denture – resin base (RVU = 12.0)

D5213: Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
(RVU = 12.0)

D5214: Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
(RVU = 12.0)

D5281: Removable unilateral partial denture – one piece cast metal (including clasps and teeth)
(RVU = 12.0)

D5410: Adjust complete denture – maxillary (RVU = 2.0)

D5411: Adjust complete denture – mandibular (RVU = 2.0)

D5421: Adjust partial denture - maxillary (RVU = 2.0)

D5422: Adjust partial denture – mandibular (RVU = 2.0)

Denture reline procedures - reline is the process of resurfacing the tissue side of a denture with new base material. (RVU = 4.5)

D5730: Reline complete maxillary denture (chairside) (RVU = 4.5)

D5731: Reline complete mandibular denture (chairside) (RVU = 4.5)

D5740: Reline maxillary partial denture (chairside) (RVU = 4.5)

D5741: Reline mandibular partial denture (chairside) (RVU = 4.5)

D5750: Reline complete maxillary denture (laboratory) (RVU = 4.5)

D5751: Reline complete mandibular denture (laboratory) (RVU = 4.5)

D5760: Reline maxillary partial denture (laboratory) (RVU = 4.5)

D5761: Reline mandibular partial denture (laboratory) (RVU = 4.5)

Interim prosthesis – a provisional prosthesis designed for use over a limited period of time, after which it is to be replaced by a more definitive restoration.

D5810: Interim complete denture (maxillary) (RVU = 4.5)

D5811: Interim complete denture (mandibular) (RVU = 4.5)

D5820: Interim partial denture (maxillary) (RVU = 4.5)

D5821: Interim partial denture (mandibular) (RVU = 4.5)

D5850: Tissue conditioning – maxillary –

Treatment reline using materials designed to heal unhealthy ridges prior to more definitive final restoration. (RVU = 3.0)

D5851: Tissue conditioning – mandibular (RVU = 3.0)

D5860: Overdenture – complete –

Describe and document procedures as preformed. (RVU = 15.0)

D5861: Overdenture – partial – (RVU = 15.0)

Oral Surgery: - Local anesthesia is usually considered to be part of the Oral and Maxillofacial Surgical procedures.

Extractions – (includes local anesthesia, suturing, if needed, and routine postoperative care).

D7111: Extraction, coronal remnants – deciduous tooth.

Removal of soft tissue-retained coronal remnants. (RVU = 2.0)

D7140: Extraction, erupted tooth or exposed root (elevation and/or forceps removal) –

Includes routine removal of tooth structure, minor smoothing of socket bone, and closure, as necessary. (RVU = 2.5)

D7210: Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth –

Includes cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure. (RVU = 4.5)

D7220: Removal of impacted tooth – soft tissue –

Occlusal surface of tooth covered soft tissue; requires mucoperiosteal flap elevation. (RVU = 4.5)

D7230: Removal of impacted tooth – partially bony –

Part of the crown covered by bone; requires mucoperiosteal flap elevation and bone removal. (RVU = 6.0)

D7240: Removal of impacted tooth –completely bony –

Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal. (RVU = 8.0)

D7250: Surgical removal of residual tooth roots (cutting procedure) –

Includes cutting of soft tissue and bone, removal of tooth structure, and closure. (RVU = 4.5)

D7285: Biopsy of oral tissue – hard (bone, tooth) -

For removal of specimen only. This code involves biopsy of osseous lesions and is not used for apicoectomy/periradicular surgery. (RVU = 4.5)

D7286: Biopsy of oral tissue – soft –

For surgical removal of an architecturally intact specimen only. This code is not used at the same time as codes for apicoectomy/periradicular curettage. (RVU = 3.0)

D7510: Incision and drainage of abscess –intraoral soft tissue.

Involves incision through mucosa, including periodontal origins. (RVU = 2.0)

Adjunctive General Services:

D9110: Palliative (emergency) treatment of dental pain – minor procedure

This is typically reported on a “per visit” basis for emergency treatment of dental pain. (RVU = 2.0)

D9310: Consultation – (diagnostic service provided by dentist or physician other than practitioner providing treatment).

Type of service provided by a dentist whose opinion or advice regarding evaluation and/or management of a specific problem may be requested by another dentist, physician or appropriate source. The dentist may initiate diagnostic and/or therapeutic services.

(RVU = 1.5)